

9404

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ORIGINAL ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		State Index No. <u>193</u>
County <u>Maricopa</u>		CERTIFICATE OF DEATH		County Registrar No. <u>1438</u>
District _____		Town or City <u>Phoenix</u> No. <u>1710 West Lincoln</u>		St. Local Registrar's No. <u>10797</u>
(If death occurred in a Hospital or Institution, give its name instead of street and number)				
FULL NAME <u>Infant of Mr. &amp; Mrs. C. W. McClaren</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>male</u>	COLOR OR RACE <u>White</u> Black Mexican	INDIAN Chinese	SINGLE MARRIED WIDOWED or DIVORCED	
DATE OF BIRTH <u>October 21st. 1921.</u> (Month) (Day) (Year)				
AGE If less than 1 day <u>3</u> yrs. mos. days hrs. or min.				
OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>160</u>				
BIRTHPLACE (State or country) <u>Arizona</u>				
PARENTS	NAME OF FATHER <u>C. W. McClaren</u>			
	BIRTHPLACE OF FATHER (State or country) <u>Arizona</u>			
	MAIDEN NAME OF MOTHER <u>Elva Rucker</u>			
	BIRTHPLACE OF MOTHER (State or country) <u>New Mexico</u>			
The above is true to the best of my knowledge. (Informant) <u>C. W. McClaren</u> (Address) _____				
Place of Burial or Removal <u>Forest Lawn Cemetery</u>		Date of Burial or Removal <u>10-22-21</u>		
Undertaker <u>J. T. Whitney</u>		Address <u>City</u>		
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <u>October 22nd. 1921.</u> (Month) (Day) (Year)				
I hereby certify, that I attended deceased from <u>10-21-21</u> 19____, to <u>10-22-21</u> 19____; that I last saw him alive on <u>10-22-21</u> 19____, and that death occurred on the date stated above at <u>1:30 A.M.</u> The DISEASE or INJURY causing death was as follows: <u>Coronary heart lesion Patient Terminal</u> <u>Oral</u>				
(Duration) yrs. mos. days <u>3 1/2 hours</u>				
Was disease contracted in Arizona? _____				
If not, where? _____				
CONTRIBUTORY (Duration) yrs. mos. days _____				
(Signed) <u>A. A. Shelley</u> , M. D. <u>10-22</u> , 19 <u>21</u> (Address) _____				
*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.				
LENGTH OF RESIDENCE At place of death _____ years _____ months _____ days In Arizona _____ years _____ months _____ days Former or Usual Residence _____				
Filed <u>Oct. 22</u> , 19 <u>21</u> <u>Beauchamp</u> Local Registrar				
A True Copy Filed <u>Nov. 2</u> , 19 <u>21</u> County Registrar				